



IDAHO DEPARTMENT OF HEALTH & WELFARE

IDAHO COMMUNITY HEALTH WORKER (CHW) INPUT GATHERING MEETING

Friday, June 19, 2015

Meeting Notes

Welcome and Overview

Mary Sheridan, Chief of the Bureau of Rural Health and Primary Care for the Department of Health and Welfare, welcomed the group and provided an overview of the current statewide CHW efforts to strengthen supports and training for CHWs. She explained the role of CHWs in the state's current healthcare innovation and transformation efforts. CHWs are, and will continue to be, essential to effectively serving our communities due to their proven success at improving patient/client outcomes.

Introductions and Agenda Review

Monica Revoczi, CHW Project Facilitator, reviewed the agenda for the day and the meeting ground rules. Participants introduced themselves, including their organizations and various CHW job titles. The group was then asked to describe their primary job functions. It was very clear that meeting participants reflected the diversity of CHW titles and duties. Below are the job titles and associated functions represented by participants. Where more than one participant had the same job title, job duties are combined.

Promotoras de Salud

- Serve migrant workers
- Mexican Consulate volunteer
- Patient education
- Home visits
- Find resources (and specifically for undocumented workers)
- Counseling
- Cooking classes
- Finding healthcare options for uninsured
- Sports events for kids

Health Window Coordinator

- Assist with community program enrollment
- Cultural broker
- Facilitate access to health services
- Coordinate screening and education opportunities
- Engagement in community activities: prevention outreach, health fairs, etc.

Referral Coordinator

- Connect patients to community resources: medical, transportation, etc.
- Take physician referrals

Community Health Worker

- Education – general and at parent nights
- Distribute screening kits
- Referral coordination
- Outreach at health fairs, community events, food distribution centers
- Facilitate support groups
- Perform basic screenings
- Home visits
- Knowledge of community events (e.g., screening)
- Presentations at the Mexican Consulate
- Follow up and track every contact (i.e., data collection), including health outcomes

Care Coordinator

- Work with providers
- Empower clients to create recovery plans and support self self-reliance
- Provide mental health first aid (e.g., increasing awareness, decreasing stigma)

Community Outreach Specialist (Follow Promotores Model)

- Enrollment (ACA, Medicaid)
- Education
- Capacity building and networking with resources (e.g., school district, clinics)
- Connect clients with community resources
- Outreach through community events
- Partner with the Chamber of Commerce
- Deliver workshops and other sessions
- Planning, organizing
- Recruitment of volunteers
- Client data and outcomes tracking
- Liaison between DHW and patient/client

Peer Specialist

- Counseling
- Advocacy
- Homeless assistance: shelter, housing, food, SSI/SSDI
- WRAP plans
- Facilitate support/intervention groups
- Assist with advance directives

Community Health Advisor

- Home visits to determine medical needs (e.g., medication, transportation, appointments, etc.)
- Medication management assistance and mentoring
- Cultural navigation in healthcare
- Interpreting (e.g., for refugees)

Community Volunteer Advocate

- Voice for children and adults
- Crisis point of contact
- Seek resources for clients
- Accompany patients to appointments
- Community organizing and resource coordination

Resource and Services Navigator

- Discharge planning to identify all resources/services needed after hospital discharge: housing, home health, substance abuse treatment, medication, etc.
- Ensure all services are in place to support success in community “reentry”
- Problem-solve resources for non-citizens

The Best and Most Challenging Parts of Your Job

Participants were asked to individually brainstorm, and then share with the group, both the best and most challenging aspects of their jobs. For each question, items were organized by theme. (Many items naturally overlap across themes.) Asterisked responses indicate each person’s top three most significant aspects. Duplicate responses were retained to show their frequency and relative priority.

Best Aspects

Education	Peace of Mind / Patient Outcomes	Networking / Resources	Personal Rewards / Making a Difference	Flexibility
*Counseling	*Self Reliance	*Getting to know other resources or organizations in the community	*Improve quality of life for clients	*Flexible
Education	*Taking stress from the client		*The satisfaction of helping someone in need	Flexible schedule
Education	Positive outcomes	*Connecting	*How happy you can make someone	
Encourage community communication	Watching someone have successful outcomes	*Connecting	*Talk to people	
Learning about resources that are available in the communities	Seeing positive results in the data	*Connecting	*Be able to help people.	
When you see the "light bulb" go off while doing education - you know it means something to them	That people receive medical attention when they're in need	*Increase access to services (encourage hope)	*People	
	Helping meet needs	*Working with community members to help others	*When they seek you out to tell you the good news (because of a referral you made or information you gave them)	
	Support success in recovery	Connection	*Helping patients be successful and have services in place	
	Finding affordable medication	When you connect with a client	* Helping improve the healthcare system	
	I can help them to communicate with medical providers, etc.	Learning about new programs and services	Seeing growth	
	Helping someone achieve financial self-sufficiency by being approved for SSI/SSDI	Networking	Show compassion	
	Helping someone to go home from in-patient hospitalization	Activities	Working with many kinds of people	
Groups		Advocating	Our patients	
Youth mentor	Positive attitude	Healthcare access	Positive outcomes	
	Feeling complete	Assisting with health savings plan (i.e., extra help program)	Helping my native community	
	Stable housing	Our community	Helping	
	Reconnecting an individual with family & friends	Support	Help other people	
		New opportunities	Making a difference	
			Making a difference	
			Working through a difficult situation to have great outcomes	

Most Challenging Aspects

Inadequate Resources	Training	Capturing Outcomes	Time / Workload	Client Barriers	Staying Connected	Systems	CHW Support
<ul style="list-style-type: none"> *Transportation *Lack of housing for MH population needing 24-hr supervised care *Finding housing for special-needs clients *Homeless *Lack of insurance available for patients *Unfamiliar with many resources *Lack of resources *Unavailable resources *Not able to help *No income Limited resources Finding all the resources needed Equipment and supplies The "gap" for some of our clients Low income Limited financial aid Funding Unable to access the care the client needs Lack of resources for rural areas 	<ul style="list-style-type: none"> *Not enough training (limited training available) *No training/ education *There is no certification for the many "hats" we wear Community members not understanding disabilities and needs Providers and hospital workers do not know enough about the cultures of refugees - need more training on it 	<ul style="list-style-type: none"> Tracking data is sometimes difficult Quantifying value in services 	<ul style="list-style-type: none"> *Not enough time *Not enough time *Understanding from employers/ co-workers Not having enough time to help each person 	<ul style="list-style-type: none"> *Not seeing growth *Clients with entitlement issues Unable to get people to participate! Distance Clients not able to speak/read English Not able to meet their cultural aspects Refugees need a cultural broker who is able to do more than a hospital interpreter 	<ul style="list-style-type: none"> *Losing contact with clients (move, phone numbers change) Losing communication Helping clients understand the importance of maintaining contact with CHW Providers 	<ul style="list-style-type: none"> *Hospital policies are set in favor of the American community, not the refugees - many rules are stopping us from helping them *Fragmented healthcare system *Lack of funding to continue providing the services *Services not available to clients because of insurance restrictions *Finding providers that will accept new patients (Medicare, Medicaid) Working with VA (difficult task, too many hoops) 	<ul style="list-style-type: none"> *There is no coalition or network of CHWS in ID *Support *Education

Feedback on Specific Aspects of CHW Work

Training Received

- None (three responses)
- New position – self-taught, leveraged community groups, Google research
- Out-of-state training: Vision y Compromiso
- Vision y Compromiso conference
- One week through Mountain States Group plus on-the-job training (OJT)
- Six month promotores training plus six weeks of social service provided a certificate
- Behavioral health services training in California
- Leveraging other CHWs
- CDC Road to Health Toolkit
- Patient navigation training, including motivational interviewing
- Diabetes Self-Management Education/Training through the AADE
- YMCA Diabetes Prevention Program training
- Adaption of Idaho Partnership on Hispanic Health
- Cancer-specific (limited) training
- Cultural: cultural sensitivity and health beliefs
- Basic medical: medicines and procedures
- Professional interpretation
- Affordable Care Act – certified as enrollment counselor through Your Health Idaho, including Medicaid guidelines
- OJT: medical-specific, health beliefs
- Trial and error
- CNA
- CPR
- SOAR and Leadership Academy
- Resource and gap analysis and OJT
- Transitioning back into the community
- Any other applicable hospital training
- Online webinars
- Therapeutic rapport
- Stages of change

Adequacy/Effectiveness of Training

- Skimmed the surface – did not feel fully prepared
- Awesome – included self-care

Gaps:

- Data collection and linking it back to Electronic Medical Records (EMRs) AND informing CHW training needs based on patient needs (e.g., colonoscopy)
- (If applicable) Interacting with medical professionals
- Communication styles: clients, physicians, other resource providers, etiquette (e.g., written communication)
- Operating equipment: Wi-Fi hotspots, cell phones, iPads
- More motivational interviewing training – allows CHW to much better assess client needs
- Safety during home visits

- Appropriate work attire
- Building trust and rapport – living and being part of the community
- Nontraditional outreach
- Dos and Don'ts: boundaries, self-care, etc.
- Model training process after OSHA campaign approach

Other Support/Resources that Could Improve CHW Work

- Certification (workshops) – such as those currently available through Chicago and Oregon (*Vision y Compromiso is willing to bring training to Idaho)
- Standards for certain titles and related standardized pay
- Public policy
- An Idaho CHW Network/Association (steering committee to convene): share ideas, ask questions, share contact information, share resources (and quality)
- Website and social media (interactive!)
- Hispanic Chamber could help post events
- Relationships with, and knowing point of contact of, resources
- Media partnerships
- Handouts in various languages and appropriate to various education/reading levels
- Physician awareness
- Physicians need training on CHW functions/benefits and cultural sensitivity
- Fundraisers with company matches

Other Challenges or Barriers:

- Distance to services
- Need documents appropriate to clients' literacy needs: see CLAS standards, apply adult learning theory and learning styles
- Need both a bilingual and bicultural approach
- Patient fear of getting better/change – support groups can help
- Heavy media cultural stereotypes (e.g., related to taking handouts, alcohol, drugs)
- Patients not knowing what, if any, benefits they have – CHWs need access to this information
- Idaho has many resources (although this varies by region) and many wonderful people who are willing to help, but they are poorly coordinated – need coalition/organization
- Resource access/eligibility often (very) restricted
- Need funding
- Need policies

Advice for Future CHWs

Participants had the following words of wisdom to offer to future CHWs or those considering becoming a CHW:

- Network – it will help you learn resources
- Get involved and get known in your community: through community events, health fairs, etc.
- It is essential to build relationships and trust, both with clients and community partners

- Be a great listener, and don't try to solve problems too quickly
- Seek a community champion who will spread the word on your behalf (e.g., Wilder, Idaho)
- Have patience
- Be engaged in social change
- Be passionate, have empathy
- Be committed to the cause – really care, do it from the heart
- Make time for yourself
- You can't help someone who doesn't want to be helped
- Learn your boundaries
- Don't expect numbers/results right away
- It's not a 9 – 5 job and is always challenging
- You will play many roles – need flexibility
- Practice care, compassion, and respect for everyone – a clients, others

Advice for Agencies Employing CHWs

Participants recommended the following to agencies employing/utilizing CHWs or considering doing so:

- Provide adequate training and tools/equipment
- Have interdisciplinary teams meet to discuss cases
- Trust your CHWs
- Provide regular opportunities for learning and sharing best practices
- Be flexible – letting CHWs network and “advertise” your organization will bring much long-term value
- It's not a 9 – 5 job and is always challenging
- You must provide a livable wage
- You must secure sustainable funding (impact both CHWs and clients!)
- Get training/understanding of the CHW model
- Results take time – be clear on, and expand perception of, what positive outcomes are progress are (e.g., patient comes back a second time)
- It takes a while to understand what patients really need - they may not even know yet
- Don't compare CHW work to other types of traditional jobs
- Living in the community is key to effectiveness – that's how you know the community and its needs
- It's important to have experience with, and knowledge of, the “cause”
- A lot of travel is required – work it into the budget

Wrap Up

One Most Important Item for Improving CHW Work in Idaho:

- Create a network of CHWs – ensure easy access, and make sure it includes a calendar and is interactive
- Build momentum with SHIP – carry/pass the torch for sustainability
- Develop communities by district – tap into regional collaboratives
- Company support (and open-mindedness) is essential
- Collaborations – between agencies, (successful) regions

Meeting Evaluation

<i>Worked Well</i>	<i>Improve for Next Time</i>
<ul style="list-style-type: none">➔ To see how all CHW jobs have similar themes/challenges➔ Everyone was involved in the discussion➔ Networking opportunities➔ Size of the group➔ Excited to hear what others are doing and to make connections!	<ul style="list-style-type: none">➔ Refreshments: chocolate, coffee➔ Provide an evaluation form